

# Oral Oncology Medication Therapy Management

## Flowsheet

When prescribing an oral oncology medication, the processes and flow of patient care are different compared with prescribing therapy with intravenous oncology medication. While the structure and dynamics of each organization are different, this resource reviews simple considerations related to navigating key components for managing patient therapy with oral oncology medication.

### Each of these core components of oral oncology management involves:

#### Operations



- Managing flow patterns and operational processes specific to treating a patient who is prescribed oral oncology medication throughout the care continuum, from treatment planning and financial review through medication acquisition and educational training

#### Assessment



- Conducting baseline patient readiness assessments to evaluate if patients are appropriate candidates for therapy with oral oncology medication

#### Access



- Conducting financial review of patient access to insurance or other assistance programs, including identifying support resources
- Understanding the methods of acquiring oral oncology medication, most commonly through an in-house dispensing pharmacy or specialty pharmacy, including the specific considerations for each route of access

#### Treatment Plan



- Conducting comprehensive review of the patient's medical care with oral oncology medication, including obtaining informed consent and clinical history, performing clinical evaluations and review, and developing an adherence plan, among other considerations

#### Communication



- At a practice level, ensuring effective and coordinated communication among all providers who are part of a patient's health care team
- At a patient level, understanding when and how to communicate with the health care team, including issues related to correctly administering the oral oncology medication, monitoring adherence, and managing side effects, among other considerations

#### Education



- At a practice level, establishing an educational program and developing a curriculum as needed
- At a patient level, receiving educational training related to therapy with oral oncology medication



## Operations

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1. Who in the organization will conduct the assessment with the patient?
2. Who in the organization will discuss access considerations with the patient, including financial review and medication acquisition?
3. Who in the organization will develop the treatment plan and review it as needed?
4. Who in the organization will manage communication with other providers on the health care team, as needed, and communicate with the patient and caregiver?
5. Who in the organization will provide educational training to the patient and caregiver?



## Assessment

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### Physical Ability

1. Have you taken any other pills before for your cancer diagnosis?
2. Do you have difficulty opening your medication bottle or blister packs?
3. Are you able to read the label of your medication?
4. Do you feel you may have difficulty keeping pills down?
5. Are you taking any other medications or supplements?

### Cognitive Ability

1. Do you know what type of cancer and what stage have been diagnosed?
2. Can you tell me the goal of your therapy?
3. Would you be able to tell me the name of your medication and what it looks like?
4. Do you feel you may have any difficulty understanding how and when to take your medication and keeping track of any side effects?
5. Do you feel anxious, upset, tired, or do you experience sleepiness that may prevent you from taking your medication as prescribed?
6. Do you know what would happen if you don't take your medication as prescribed?

### Safety

1. Where will you be storing your medications?
2. Do you have any school-aged children?
3. How do you typically dispose of medications?

### Communication Skills and Social Support

1. Is anyone assisting and providing support during your treatment, such as family members, friends, partners, caregivers, or any other contacts?
2. Do you feel that you will be able to take your medication on a regular schedule, as prescribed?
3. Are you willing to follow physician and nurse instructions for taking or administering your medication?
4. What do you think your role is during your treatment and what do you expect of me?

### Drug Acquisition and Access

1. Will you be able to come here regularly to fill your prescription (if dispensed through our in-house pharmacy)?
2. Do you have a mailing address where your medication can be safely sent?
3. Can you drive in or arrange for transportation to come here regularly for routine follow-up appointments?
4. Would you have any difficulty paying for your medication?
5. Has your insurance ever prevented you from being able to obtain or fill your medication?

### Other Considerations

Do you have any other concerns I should be aware of that may affect your ability to take oral medication?  
What can I do to help you?

## Access

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### Considerations for the health care team to review and involve the patient as needed

#### Patient Financial Review

1. Does the patient have insurance?
2. If yes, what is the name of the insurance company, name of the health plan, and if applicable, name of the pharmacy benefit manager?
3. Is the prescribed oral oncology medication covered under the patient's health plan medical benefit or pharmacy benefit?
4. Does the patient's health plan require prior authorization for an oral oncology medication before therapy initiation?
  - What information is required and how long will the prior authorization process take?
  - Once submitted, how long will the prior authorization be valid?
5. What are the patient's cost-sharing responsibilities?
  - What is the patient's annual deductible? If the deductible has not yet been met in full, how much is remaining?
  - What is the patient's maximum out-of-pocket requirement? If the maximum out-of-pocket requirement has not yet been met in full, how much is remaining?
  - What is the patient's coinsurance or co-payment requirement amount for the prescribed oral oncology medication?
6. Does the patient have any other secondary or supplemental insurance benefits that would require coordination?
7. Does the patient's health plan have any specific coding or claims submission guidelines for reporting the prescribed oral oncology medication?
8. What assistance programs and/or foundations may be available to support the patient's therapy?
9. What is the reimbursement amount provided for the prescribed oral oncology medication?
10. Would the patient be able to access medication samples, if available?

#### Medication Acquisition Review

1. Does the patient's insurance mandate specific acquisition requirements for the prescribed oral oncology medication?
2. How will the patient acquire the prescribed oral oncology medication?



## Communication



### Considerations for the health care team to review and involve the patient as needed

#### Health Care Team Communication: Coordinating Therapy Management

1. Communication to primary care physician advising him or her of patient's current therapy, including details on date and method of communication
2. Communication to other specialists advising them of patient's current therapy, including details on date and method of communication
3. Communication to specialty pharmacy advising it of patient's current therapy, including details on date and method of communication

#### Patient and Caregiver Communication: Topics to Consider

*Which of the following topics have been discussed with the patient?*

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|--|--|
| <input type="checkbox"/> Treatment plan and medication instructions    | <input type="checkbox"/> Emotional counseling                    |
| <input type="checkbox"/> Side effect management and support            | <input type="checkbox"/> Caregiver support and education         |
| <input type="checkbox"/> Adherence management and support              | <input type="checkbox"/> Clinical trial participation            |
| <input type="checkbox"/> Dietary considerations                        | <input type="checkbox"/> Palliative/hospice care                 |
| <input type="checkbox"/> Drug access (in-house and specialty pharmacy) | <input type="checkbox"/> Cancer survivorship                     |
| <input type="checkbox"/> Medication storage                            | <input type="checkbox"/> Risks and benefits of treatment options |
| <input type="checkbox"/> Patient financial counseling                  | <input type="checkbox"/> Sexuality                               |
| <input type="checkbox"/> Patient assistance considerations             |  |

## Education



### Considerations for the health care team to review with the patient

#### Support Resources

*Which of the following support resources have been provided to the patient?*

- Know the Facts – Getting Your Specialty Medication From a Specialty Pharmacy
- Know the Facts – Medicare Part D: The Prescription Drug Program
- Question Guide – Understanding the Treatment Plan: Questions for the Health Care Team
- Checklist – Considerations to Help You Adhere to Treatment
- Checklist – Considerations for Giving Care to Patients With Cancer
- Other: \_\_\_\_\_

#### Educational Session

Date/time of appointment, including details on method of delivery (for example, in-clinic/practice, phone, other site of care)

## Notes:

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